



CITY OF DUBLIN

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/ TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

I. PLEASE CHECK THE TYPE OF APPLICATION:

<input type="checkbox"/> Informal Review	<input type="checkbox"/> Final Plat (Section 152.085)
<input checked="" type="checkbox"/> Concept Plan (Section 153.056(A)(1))	<input type="checkbox"/> Conditional Use (Section 153.236)
<input type="checkbox"/> Preliminary Development Plan / Rezoning (Section 153.053)	<input type="checkbox"/> Corridor Development District (CDD) (Section 153.115)
<input type="checkbox"/> Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Corridor Development District (CDD) Sign (Section 153.115)
<input type="checkbox"/> Amended Final Development Plan (Section 153.053(E))	<input type="checkbox"/> Minor Subdivision
<input type="checkbox"/> Standard District Rezoning (Section 153.018)	<input type="checkbox"/> Right-of-Way Encroachment
<input type="checkbox"/> Preliminary Plat (Section 152.015)	<input type="checkbox"/> Other (Please Specify): _____

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements that will need to accompany this application form.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 7150 Hyland Croy Road, 7270 Hyland Croy Road, and 7298 Post Road	
Tax ID/Parcel Number(s): 1700290130010 and 1700290140000	Parcel Size(s) (Acres): 45+/- acres
Existing Land Use/Development: Agricultural	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:
Proposed Land Use/Development: Mixed-residential uses, including empty nester fee-simple housing, and senior retirement housing, both independent and assisted living.
Total acres affected by application: 45+/- acres

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): Roger Warren Gorden Trust and Denise Ann Gorden Trust	
Mailing Address: 7866 Harriott Road, Dublin, OH 43017 (Street, City, State, Zip Code)	
Daytime Telephone: 614-873-8655	Fax:
Email or Alternate Contact Information:	

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: Michael Close, Esq./Tom Hart, Esq., on behalf of applicants		Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Schottenstein Real Estate Group and The Roman Catholic Diocese of Columbus (Catholic Charities and Social Concerns) +		
Mailing Address: 2 Easton Oval, Ste. 510, Columbus, OH 43210 and 197 E. Gay St., Columbus, OH 43215 (Street, City, State, Zip Code)		
Daytime Telephone: SREG 614-418-8907 CCSC 614-241-2540 +	Fax:	
Email or Alternate Contact Information: Don Hunter (dh@sregroup.com) and Mark Huddy (mhuddy@colsdio.org)		

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: Michael Close, Esq./Tom Hart, Esq.	
Organization (Owner, Developer, Contractor, etc.): on behalf of Developer/Applicant and with owners' authorization	
Mailing Address: Isaac Wiles Burkholder & Teeter, Two Miranova Place, Ste. 700, Columbus, OH 43215 (Street, City, State, Zip Code)	
Daytime Telephone: 614-221-2121	Fax: 614-365-9516
Email or Alternate Contact Information: mclose@isaacwiles.com; thart@isaacwiles.com	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <u>Roger Warren Gorden, Trustee and Denise Ann Gorden, Trustee</u> , the owner, hereby authorize <u>Schottenstein Real Estate Group and The Roman Catholic Diocese of Columbus</u> to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: <u>[Signature]</u> <u>Denise A Gorden Trustee</u>	Date: <u>3/23/15</u> <u>3/23/15</u>

Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 23rd day of March, 20 15

State of OHIO

County of Union

Notary Public [Signature]



Stamp or Seal:
JOHN R. WOERNER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES SEPT. 14, 20 19

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <u>Roger Warren Gorden, Trustee and Denise Ann Gorden, Trustee</u> + , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <u>[Signature]</u> <u>Denise A Gorden Trustee</u>	Date: <u>3/23/15</u> <u>3/23/15</u>

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, <u>Roger Warren Gorden, Trustee and Denise Ann Gorden, Trustee</u> the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: <u><i>Roger Warren Gorden, Trustee</i></u> <u><i>Denise Ann Gorden, Trustee</i></u>	Date: <u>3/23/15</u> <u>3/23/15</u>

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, <u>Roger Warren Gorden, Trustee and Denise Ann Gorden, Trustee</u> the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of applicant or authorized representative: <u><i>Roger Warren Gorden, Trustee</i></u> <u><i>Denise Ann Gorden, Trustee</i></u>	Date: <u>3/23/15</u> <u>3/23/15</u>

Subscribed and sworn to before me this 23rd day of March, 20 15

State of OHIO

County of Union

Notary Public

John R. Woerner



Stamp or Seal

JOHN R. WOERNER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES SEPT 14 2015

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:		Requested Zoning District:	